

STATE OF MINNESOTA
COUNTY OF OLMSTED

DISTRICT COURT
THIRD JUDICIAL DISTRICT
ICR #
Court File No.

STATE OF MINNESOTA,
Plaintiff,
vs.

,
Defendant.

STATE OF MINNESOTA)
) SS
COUNTY OF OLMSTED)

_____, do swear and state:
(print name & address)

1. That I am a victim of a crime in this case.
2. That by reason of the criminal conduct of the defendant, I suffered monetary loss.
3. That my TOTAL GROSS LOSS (**excluding insurance reimbursements**) is as follows:

<u>Description of Item(s) or Damages(s)</u>	<u>Value, Repair Cost or Medical Expenses</u>	<u>Item Returned (Yes/No)</u>
a. _____	\$ _____	_____
b. _____	\$ _____	_____
c. _____	\$ _____	_____

TOTAL GROSS LOSS: \$ _____

4. That supporting documentation, if any, is attached (e.g. insurance claims forms, bills for repairs or services, estimates, copies of cancelled checks, etc.)
5. That my TOTAL NET LOSS is calculated as follows:

a.	TOTAL GROSS LOSS (from #3 above)	\$ _____
b.	Items recovered (if applicable)	\$ _____
c.	Insurance reimbursement (if applicable)	\$ _____

Company Name: _____
Address: _____
Claim No. _____

d. TOTAL NET LOSS (for which I request restitution) \$ _____

Subscribed and sworn before me this
_____ day of _____, 20____.

(signature)

Notary Public